



City of West Des Moines
Application for Designers, Contractors, Installers and/or Monitors of
Alarm Systems and/or Fire Suppression Systems

☐ **New Applicant** ☐ **Renewal** ☐ **Amendment** Application Date: _____
Business Name: _____ Doing Business As: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
Business EIN #: _____

Certified *State of Iowa* Alarm System Contractor? Yes No If yes, License #: _____
Certified *State of Iowa* Alarm System Installer? Yes No If yes, License #: _____
Certified *State of Iowa* Automatic Fire Extinguishing System Contractor? Yes No If yes, License #: _____
Certified *State of Iowa* Electrician/Electrical Contractor? Yes No If yes, License #: _____

Requested Endorsements (check all that apply):

Note: When applying for 2 or more endorsements, pay for 1 at license price, each additional endorsement thereafter is \$25.

	License Price	Added Endorsement Fee	Amount Due
_____ Alarm System Contractor (Proof of State of Iowa Certification Required)	\$100.00	\$25.00	_____
<input type="checkbox"/> Fire alarm system contractor (1a)			
<input type="checkbox"/> Nurse call system contractor (1b)			
<input type="checkbox"/> Security alarm system contractor (1c)			
<input type="checkbox"/> Alarm system maintenance inspection contractor (1d)			
<input type="checkbox"/> Dwelling unit alarm system contractor (1e)			
_____ Alarm System Installer (Proof of State of Iowa Certification Required)	\$100.00	\$25.00	_____
<input type="checkbox"/> Fire alarm system installer (2a)			
<input type="checkbox"/> Nurse call system installer (2b)			
<input type="checkbox"/> Security alarm system installer (2c)			
<input type="checkbox"/> Alarm system component installer (2d)			
<input type="checkbox"/> Alarm system maintenance inspection installer (2e)			
<input type="checkbox"/> Dwelling unit alarm system installer (2f)			
<input type="checkbox"/> Alarm system installer assistant (2g)			
_____ Fire Suppression System Contractor (Proof of State of Iowa Certification Required)	\$100.00	\$25.00	_____
<input type="checkbox"/> Automatic Sprinkler System Layout (1)			
<input type="checkbox"/> Installation of pre-engineered water-based fire suppression systems (1a)			
<input type="checkbox"/> Testing and inspection of water-based fire suppression systems (1b)			
<input type="checkbox"/> Special Hazards Suppression Systems (2)			
<input type="checkbox"/> Installation of pre-engineered dry chemical or wet agent fire suppression systems (2a)			
<input type="checkbox"/> Fire Extinguishers (3) (**No State of IA Certification required at this time**)			
_____ Design Services (Proof of field specific NICET III Certification or equivalent required)	\$100.00	\$25.00	_____
<input type="checkbox"/> Fire alarm systems			
<input type="checkbox"/> Security alarm systems			
<input type="checkbox"/> Fire suppression systems			
<input type="checkbox"/> Automatic fire sprinkler systems			
<input type="checkbox"/> Special hazards suppression systems			
<input type="checkbox"/> OTHER, please specify _____			
_____ Monitoring Services (UL or FM Certification required)	\$25.00	\$25.00	_____

Total Due: _____

Complete Reverse Side

Employees (list all who will perform work in West Des Moines):

Name of Responsible Managing Employee: _____

Title/Position/Duties: _____

Certifications (enclose proof): _____

Employee Name	Title/Position/Duties	Certifications (enclose proof)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby apply for a license as a Designer, Contractor, Installer, and/or Monitor for Alarm Systems and/or Fire Suppression Systems in the City of West Des Moines, Iowa and I certify that all statements made by me on this application are to the best of my knowledge true and correct. I am familiar with the rules and regulations set forth in West Des Moines City Code Chapter 4, *Health and Safety*, Section 3, *Alarm Systems* (available at www.wdm-ia.com) and I agree to abide by said rules. I understand that this document must be filed in the West Des Moines City Clerk's Office before a license will be issued and that a license must be issued before work can be performed in West Des Moines city limits. I understand that filing of an application does not guarantee issuance of a license and that violating said rules and regulations may result in the denial, suspension, or revocation of the license.

Name of Employee Completing Form: _____ Title: _____

Signature: _____ Date: _____

City of West Des Moines
Attn: City Clerk's Office
4200 Mills Civic Parkway
P.O. Box 65320
West Des Moines, Iowa 50265-0320

(515) 222-3600 • fax (515) 222-3640

For Office Use Only:

Approval Date: _____ Expiration Date: _____ License Number: _____